

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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GUY P. JONES  
EDITOR

## *Some Important Public Health Problems\**

By WALTER M. DICKIE, M.D., Director, State Department of Public Health

No one has to be told that economic, social and health conditions have changed greatly during the past few years. Every health officer who may be in attendance at this meeting has come into contact with the abrupt and gradual changes that have occurred. While there can be no doubt that most health departments are organized with personnel and equipment adaptable to standard conditions, there may be some doubt as to whether the structure of the local health organization has sufficient flexibility to provide efficient machinery for the purpose of meeting changed conditions. Too often, a local health organization is developed along established lines and upon a standard pattern. Some of them have remained fixed over a long period of years and no provision has been made for expanding or reducing single activities that may have been brought into existence to meet conditions as they were found at an earlier period in the development of local public health machinery.

Since the beginning of the economic depression, many phenomena in morbidity and mortality have developed throughout the nation. Surprisingly low general death rates have been the rule almost everywhere and the incidence of communicable diseases has not been as high as might have been expected. Of course, there is a possibility that the depression has merely sown the seeds and that the harvest of increased morbidity and mortality will be reaped in future years. At all events, public health administrators have been surprised that health conditions have

remained good, generally, throughout the few years that the economic depression has prevailed.

Doubt may be expressed, however, as to whether anyone actually knows the conditions that exist within any community at the present time. It is doubtful that anyone knows very much about the individual physical status of the people who reside within the average community. While there is little reason to believe that large numbers of individuals have suffered excessively through lack of food, nevertheless it is certain that changed economic conditions have produced physical and other changes of which we have no cognizance.

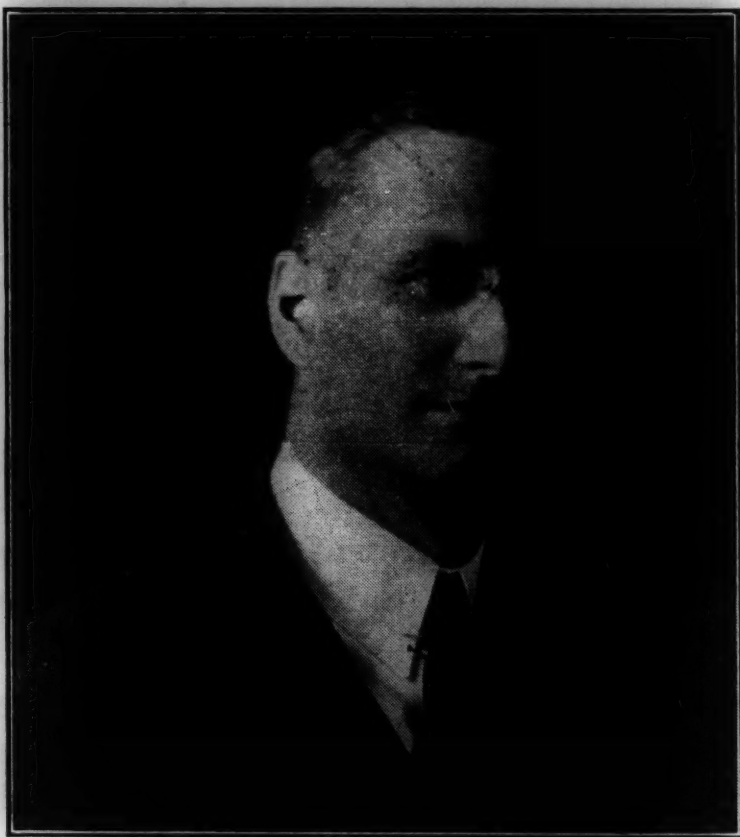
Who can state whether resistance to the invasion of communicable disease in the average individual is greater or less than it was in 1929? Who has any definite knowledge relative to the population of any geographical unit? Who knows how many indigent tuberculous have migrated into the community since general relief has been provided throughout the United States? Who knows what the effect of the depression may have been upon the community state of mind? Who can gauge the psychological changes that have occurred in the individual since hard times have come upon us? Unquestionably, this is an important factor in the preservation of the public health and one that, too often, is overlooked entirely. As time advances the preservation of community

\* To be read before the Health Officers' Section, League of California Municipalities, San Francisco, Sept. 23, 1935.



health embraces much more than the prevention of transmissible diseases. Unless people of a community are contented and in good general physical condition, it can not be stated that public health conditions within the community are satisfactory. More and more, those factors which we have heretofore considered as extraneous become of prime importance in the maintenance of community health. The local health officer may well study his community from the sociological point of view. He may well keep up with the trend of thought among the individuals who make up his community. The recent tendencies toward radicalism may have an important bearing upon public health in the future. No one can ignore the changes that have occurred and that are occurring in community thought. This may seem exceed-

ingly farfetched to many and some may consider that it has no bearing upon public health. It is certain, however, that these factors and many others that there is no time to touch upon must be watched carefully and machinery be provided for meeting the problems that are certain to arise and which have already arisen as a result of recent transitions. Just as the horse and buggy days have gone in transportation, so have the fly campaigns of early public health vanished into a forgotten era. It is not always possible for what has been known as standard public health organization to meet adequately modern problems in public health. It is not the present purpose to prescribe remedies nor to prescribe machinery for measuring the extent of such problems. It is the purpose, however, to stimulate thought and activity in order that we may learn more precisely the status of public health conditions in the new world which we have entered. The present situation demands such study. Innumerable surveys have been made, but conditions require vastly more than has been revealed in any survey undertaken heretofore. There must be a deep penetration into community thought as well as into community physical conditions. Unless we all approach the new era with this point of view it is doubtful that we can be of very great service during the coming decade.



WALTER M. DICKIE, M.D.

#### DR. DICKIE NAMED DIRECTOR

Dr. Walter M. Dickie has been appointed Director of the California State Department of Public Health to succeed Dr. J. D. Dunshee who resigned. Dr. Dickie served in this same capacity from 1920 to 1931 and his return is in the nature of a reappointment.

During his previous terms of office Dr. Dickie was a most successful public health administrator and his work in raising standards within the department is most conspicuous. During his tenure of office many public health laws of importance were enacted and marked advances in the state's public health were made. Health officers and physicians, nurses and laymen, generally, have great confidence in Dr. Dickie's ability and in his conscientious devotion to the best procedures in public health and welfare.

#### NEW PUBLIC HEALTH LAWS

During the 1935 session of the Legislature relatively few new laws pertaining to public health were enacted; most of the measures that emerged successfully were those which were designed to strengthen and to clarify existing legislation. Following are some of the new public health laws enacted during the 1935 session.

##### Serums, Vaccines, and Cultures—Chapter 248

This law provides for supervision by the Bureau of Laboratories of the State Department of Public Health over the sale and distribution as well as production of serums, vaccines, bacterial cultures or viruses. It empowers the State Department of Public Health to license laboratories which prepare such products and to receive an annual fee for licensing of such institutions. It provides for the analysis and testing of these products that are used in the prevention and treatment of various diseases.

##### Laboratory Technicians—Chapter 638

This act provides for the licensing of all laboratory technicians except those in laboratories conducted by physicians for use in their own practice provided that they do not receive specimens from other doctors or patients of other doctors. The State Board of Pub-



lic Health must issue licenses to laboratory technicians who qualify after passing examinations covering the whole field of clinical laboratory work. Individual certificates in bacteriology, serology, bio-chemistry, parasitology are issued to candidates who are successful in passing required examinations. A fee of \$5 is required for license as clinical laboratory technician and fees of \$2 each are required for examination in individual subjects.

#### **Sewer Wells—Chapter 649**

This act makes it unlawful to discharge, drain or deposit any sewage or other waste matter into sewer wells which might permit such waste to seep into water-bearing strata. The act is designed to eliminate many abuses that have occurred through the disposal of sewage and other waste matter into underground waters and which might result in the pollution of waters that are used for domestic supplies.

#### **Adoption—Chapter 608**

This act provides necessary protection to children who may have been born illegitimately. It amends the Vital Statistics Registration Act so as to provide a birth certificate for an adopted child which gives the names of foster parents instead of natural parents and is the only birth certificate open to public inspection.

#### **Tuberculosis Control—Chapter 366**

This act amends the existing tuberculosis control law so as to permit the formation of a committee to supervise the construction and maintenance of a tuberculosis hospital erected by a group of counties so as to facilitate the transaction of business and the handling of routine affairs with relation to the conduct of such hospital.

#### **Foods and Drugs—Chapter 660**

This act amends the Pure Foods Act so as to make the labeling of imitation food products clear and protective as well as a provision to prevent the false designation, advertising and representation of food products. Other changes in the act have to do largely with procedures required for economical and efficient administration of the act.

#### **Cannery Inspection—Chapter 659**

This amends the Cannery Inspection Act of 1925 so as to create a cannery inspection board to represent the industry in the enforcement of laws pertaining to cannery inspection and the packing of various food products. It clarifies the law pertaining to the sterilization of fish and meat products. It also provides for proper labeling of canned products which come within the scope of the Cannery Inspection Act.

#### **Tomatoes—Chapter 741**

Standards for tomatoes used for canning purposes are established under the provisions of this act. Tomatoes which are excessively infested, which are moldy or otherwise unsuitable for human consumption can not be used for the packing of commercially canned tomatoes, purees, pulps, catsups, sauces, or tomato juice.

#### **Wines and Brandies—Chapter 846**

This act provides an appropriation for the State Department of Public Health to be used in the enforcement of standards, quality, and identity in the manufacture and sale of California wines and brandy.

#### **County Health Officers—Chapter 725**

This act amends those sections of the Political Code relating to the powers and duties of county health officers so as to provide for payment, by incorporated cities which may have contracted with the county health department, for public health administrative services. It provides for stronger centralization in a combination of city and county health service and enables the county health officer to enforce state health laws throughout his county both within and without incorporated cities which may have contracted for his services. The act is designed mainly to facilitate the enforcement of health laws in such communities.

#### **Registered Nurse—Chapter 587**

This act changes the instruction period for applicants for certificate as registered nurse from twenty-eight months to thirty-six months.

#### **Clinics—Chapter 717**

The Clinic Act of 1933 is amended under this law so as to raise the fee for the licensure of clinics by the State Department of Public Health from \$5 to \$20 per year.

#### **Garbage Disposal—Chapter 459**

This act enables the board of supervisors to enter into contracts for the disposal of garbage and other refuse matter; such contract to be let to the lowest bidder.

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There is a principle which is a bar against all information, which is proof against all argument and which can not fail to keep a man in everlasting ignorance. That principle is "condemnation before investigation."—Herbert Spencer.

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Intelligence is the most potent factor that can be directed against disease.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
September 7, 1935

## Chickenpox

56 cases: Alameda County 1, Berkeley 2, Oakland 11, Piedmont 1, Los Angeles County 1, El Monte 1, Glendale 1, Los Angeles 4, Santa Monica 2, Merced County 2, Fullerton 1, Beaumont 1, Sacramento 1, Redlands 1, Coronado 1, San Francisco 9, San Joaquin County 1, San Luis Obispo 1, Santa Barbara County 5, Santa Barbara 4, Santa Maria 2, Ventura County 2, California 1.\*

## Diphtheria

30 cases: Oakland 1, San Leandro 1, Chico 2, Oroville 1, Fresno County 1, Brawley 1, Los Angeles County 6, Glendale 1, Napa County 2, San Bernardino County 1, Colton 1, Needles 9, San Bernardino 1, Tulare County 1, Oxnard 1.

## German Measles

41 cases: Hayward 1, Oakland 7, Contra Costa County 1, Humboldt County 3, Los Angeles County 4, Culver City 2, Los Angeles 5, San Fernando 1, Maywood 1, Marin County 1, Orange 1, Sacramento 1, San Diego 1, San Francisco 8, Palo Alto 1, San Jose 2, Santa Clara 1.

## Influenza

15 cases: Los Angeles County 2, Alhambra 1, Los Angeles 9, San Francisco 3.

## Malaria

17 cases: Oakland 1, El Cerrito 2, Los Angeles 2, San Joaquin County 5, Stanislaus County 2, Tulare County 2, California 3.\*

## Measles

80 cases: Berkeley 4, Oakland 3, Contra Costa County 8, Reedley 1, Humboldt County 1, Kern County 1, Los Angeles County 6, Burbank 1, El Monte 1, Inglewood 1, Los Angeles 7, Monterey Park 1, Monterey County 3, Monterey 1, Orange County 1, Anaheim 2, Sacramento 1, San Diego 2, San Francisco 16, Stockton 1, San Mateo County 1, Santa Barbara County 4, Santa Clara County 2, San Jose 3, Santa Clara 3, Sutter County 1, Ventura County 2, Oxnard 1, Yolo County 1.

## Mumps

108 cases: Berkeley 13, Oakland 23, Piedmont 2, Colusa 1, Los Angeles County 14, Long Beach 2, Los Angeles 10, Torrance 1, Corona 2, Sacramento 10, San Bernardino County 11, Chula Vista 2, San Joaquin County 2, Arroyo Grande 2, San Luis Obispo 1, San Mateo County 1, Santa Maria 2, San Jose 2, Sierra County 2, Vallejo 1, Sonoma 2, Woodland 2.

## Pneumonia (Lobar)

21 cases: Oroville 1, Los Angeles County 3, Alhambra 1, Inglewood 1, Long Beach 1, Los Angeles 3, Pasadena 2, Santa Monica 1, Monterey 1, San Bernardino County 2, San Francisco 2, San Joaquin County 1, San Mateo 1, Santa Barbara 1.

## Scarlet Fever

81 cases: Alameda 1, Berkeley 2, Oakland 4, San Leandro 1, Chico 1, Concord 1, Los Angeles County 18, Alhambra 1, Huntington Park 1, Inglewood 1, Long Beach 1, Los Angeles 10, Santa Monica 2, Marin County 1, Monterey County 1, Riverside County 1, Riverside 1, Sacramento 2, Ontario 1, San Diego 3, San Francisco 10, Tracy 2, San Mateo County 1, Redwood City 1, Lompoc 1, Santa Barbara 1, Santa Clara County 3, Los Gatos 1, Santa Clara 1, Sierra County 1, Stanislaus County 1, Turlock 1, Ventura County 2, Yuba County 1.

## Smallpox

2 cases: Lake County 1, Rialto 1.

## Typhoid Fever

19 cases: Fresno County 2, Fresno 1, Los Angeles County 1, Los Angeles 1, Whittier 1, Napa County 1, Napa 1, San Diego 1, San Joaquin County 2, Vallejo 2, Modesto 5, California 1.\*

## Whooping Cough

88 cases: Alameda County 1, Berkeley 9, Oakland 7, Piedmont 1, Fresno County 3, Fresno 1, Los Angeles County 7, Glendale 6, Long Beach 3, Los Angeles 5, Pasadena 2, Pomona 1, South Gate 6, Alturas 1, Salinas 3, Orange County 2, San Bernardino 1, San Diego 6, San Francisco 16, Stockton 1, Santa Barbara County 2, Santa Barbara 1, Santa Cruz 1, Shasta County 1, Tulare County 1.

## Meningitis (Epidemic)

4 cases: Willows 1, Lassen County 1, Los Angeles 1, Marin County 1.

## Dysentery (Amoebic)

2 cases: Los Angeles 1, San Francisco 1.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## Dysentery (Bacillary)

5 cases: Los Angeles 3, San Francisco 2.

## Poliomyelitis

23 cases: Oakland 1, Los Angeles County 1, Alhambra 1, Inglewood 1, Long Beach 1, Los Angeles 7, Montebello 1, Fullerton 2, Sacramento County 1, Tulare County 7.

## Tetanus

One case: Los Angeles County.

## Trachoma

2 cases: Riverside County 1, San Francisco 1.

## Paratyphoid Fever

4 cases: Los Angeles 1, Stanislaus County 3.

## Trichinosis

2 cases: San Francisco 1.

## Food Poisoning

11 cases: Los Angeles County 1, Los Angeles 10.

## Undulant Fever

5 cases: Kern County 1, Los Angeles 2, Pasadena 1, Riverside County 1.

## Septic Sore Throat (Epidemic)

One case: Santa Clara County.

## Rabies (Animal)

7 cases: Los Angeles County 1, Los Angeles 5, Stockton 1.

DR. HAMILTON FAIRLEY TO DELIVER  
ADDRESSES

San Francisco and California medical circles are preparing to welcome a world figure in tropical medicine, in the person of Dr. Hamilton Fairley, secretary of the Royal Society of Tropical Medicine in London, who is scheduled to make three addresses in this city.

Dr. Fairley is coming to the United States to address the annual meeting of the American Society of Tropical Medicine in St. Louis November 20 to 22. He will come first to San Francisco, making his first appearance before the San Francisco County Medical Society on November 13. The following day he will address the Pasteur Society and on Friday, November 15, he will address the students and staff of the University of California Medical School.

The visit of Dr. Fairley is particularly opportune at this time, as the American Society of Tropical Medicine is now endeavoring to coordinate the work of a number of medical schools and societies to deal with the tropical diseases now in this country and the threatened invasion of others. One of the principal factors in this work is the Scientific Institute of Tropical Medicine, of which Dr. A. C. Reed, professor of tropical medicine in the University of California, is the director. Dr. Reed is also a director of the American Society of Tropical Medicine. The institute is a part of the Hooper Foundation of Medical Research of the university.